TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address:
Post Office Box 7864
Madison, WI 53707-7864

April 17, 1996

John T. Benson State Superintendent Department of Public Instruction PO Box 7841 Madison, WI 53707-7841

> Learn and Serve America-School and Community Based Programs, State Application Identifier Number WI960415-061-N94004XX

Dear Superintendent Benson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Sectetary

Department of Administration DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Applicant Agenc		c Instruction	2	CFDA # 94	. 004	Agency I.D. (Optio	nei)
4 Address (Street/			5	Federal Acency to	Beceive Reques	t al and Commun Service	ıi y
P.O. Bo	x 7841 Mad:	ison WI 53707-	7841 6	Period of Funding	Mo/Day/Year 7	Application Due (Date
Contact Person Stan DP	otts	Phone 608.266	6.3569	7 <u>-1-</u> 6-30		3-29-96	
8 Agency Project 1	litie	S/a	1 9	Executive Order 1	2372 Review Requ	ired 10 Area of Imp	
Learn at White		sed from		Yes	No No	Wisco	
11 Type of Applicati		12 Type of Assistance	0	learinghouses: Not	ified Dates		
New Grant	t int to Current Grant	Grant					
1 /	on-Unchanged	Discretionary	-				
2XX Continuati		Other		All			
13 Number of Years	s Previously Funded_	4	ent costs)		`		
<u> </u>		(including Federal indire					
Total Federal Fu Numeric Appropriation	inds Applied For Source	Revenue Type	Amou		Positions Type	Existing Pos No. (FTE)	itions Type
141	Federal	Federal	\$382,93	88		50I	<u></u>
101	State	In-Kind	\$ 25.94 \$ \$				
			<u>\$</u> \$				
			\$				
•		<u>.</u>	\$				
15 Indirect Cost Re	imbursement			**	147		
Yes Yes	Rate6_3	Base 382,9		1110Uni 34	,147	∐ No	
16 Authorizations		Authorized Agency		ve (Type or Print)	Title if other th	an Agency Secretary	/
		John T. Ber	ison		Date		
L Delega	ated Review	oln To	Herso	50-7	3	122/96	
		BADEFARTMENT	OF ADMIN	ISTRATION US	EONLY		, ,
Reviewing Analy	rst (Kab (Maree,	Phone _	-1693	SAI Number	21.9604	5-06/-1
Recommendation	n: Approve	Approve With (Conditions کری	☐ Deny -/6-96	Date Received	1/-20	ap 194
Signature	C04216	<u>Vare</u>	Date	10-16	Date Due	4-27-	1000
COMMENTS:						•	

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

April 22, 1996

Nathaniel E. Robinson, Administrator Division of Energy and Intergovernmental Relations Department of Administration PO Box 7868 Madison, WI 53707-7868

> Mapping Erosion Hazard Areas Project, State Application Identifier Number WI960412-059-N00000ZZ

Dear Mr. Robinson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

James R. Klauser

DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Applicant Agency	2 3 Agency LD. (Optional)
Department of Administration	CFDA# •
4 Address (Street/City/State/Zip)	5 Federal Agency to Receive Request
101 E. Wilson St. 6th Floor	Federal Emergency Mot. Agency
Madison, WI 53702	6 Period of Funding Mo/Day/Year 7 Application Due Date
Contact Person	7/1/96 Mo/Day/Year / 00
Oscar Herrera Phone 267-7988	2/28/97 5/6/96
8 Agency Project Title	9 Executive Order 12372 Review Required 10 Area of Impact
Mapping Erosion Hazard Areas Project	Yes X No Racine
	Yes X No Racine Ozaukee
11 Type of Application 12 Type of Assistance	Clearinghouses: Notified Dates Manitowoc
New Grant Grant	
Amendment to Current Grant Formula	
Continuation-Unchanged XX Discretionary	
Continuation-Modified Other	Aft
13 Number of Years Previously Funded 0	AII
14 Funding, Allotment and Position Data (including Federal indirect costs)
Total Federal Funds Applied For \$25,000	Mildram
Numeric	New Positions Existing Positions nount No. (FTE) Type No. (FTE) Type
	3,967 60% of 1 Proj.
142 141 FED(Indirect) PR-F s	.,033
S	
3	
<u> </u>	
<u> </u>	
S	
\$	·
15 Indirect Cost Reimbursement	61 622
X Yes Rate 6.4% Base 16,145	
16 Authorizations Authorized Agency Represe	
Nathaniel E. Rob	
Delegated Review	Date Energy & Intergov. Relations
10701	19113/1/
FOR DEPARTMENT OF AD	MINISTRATION USE ONLY
Reviewing Analyst Pam Henning Phone	267-0371 SAI Number WT 9604 12-059-N00000 22
J	<u> </u>
Recommendation: Approve	ns Libeny Date Received
Signature Family & Historia Date 4	-24-92 Date Due 4/30/96

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

April 24, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Emergency Medical Services Data Collection-Programming, State Application Identifier Number WI960411-057-N00000XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Department of Admir Form DDA-7020 (R S- (Formerly FDA 50)	istration	N PEDERAL GR			Y)_	Federzi-State Reis 101 S. Wegster St. P.O. Box 7868 Madison, Wi-5370 Telegnone 608/25	, 5th Floor 7-7868 7-2125
1 Aggircant Agenc	у .		2	CFDA#		E J Agency LEL (Contr	August .
DHSS/Divi	sion of Heal	th/EMS Sect	10n 5	Federal Agency to i			
4 Address (Street				wt DOT from	Nation	al Highway	Safety
1 W. Wils Madison Contact Person			6	Pariod at Funding	Mo/Cay/Year 7	Application Que (Mo/Qay/Yes	
Jon Morga	ın .	Phone 266-97	781				
8 Agency Project	ide		9	Executive Order 12	LS Healem wed!	ured 10 Area of Im Counties	States
فستنبيط	Collection .	- Programmin	ıg	Yes	☑ No	WI	
		Type of Assistance		Zearinghouses: Notifi	ed Cates	-	
111 Type of Applicat		Grant		-			
	ent to Current Grant	Formula	-				
	ion-Unchanged .	Ciscretionary	-				
Continuati	ion-Modified	Other		Aii			
13 Number of Year	s Previously Funded	Luina Engantinging			<u> </u>		·
	ent and Position Gata (in	Ciddled Lederal money		•		i .	.
	inds Applied For				asitions	Existing Po	
Numeric Appropriation	Source	Revenue Type	Amou	nt No. (FTE)	Туре	Na. (FTE)	Туре
167	Federal	PR-S	\$ 35,9	90			
	State	In-Kind	s · 500	o			
· 			\$				
			S				
			S				
			<u>=</u> S				•
			<u>, </u>			-	
			3		•	-	
			2				
15) Indirect Cost Re	imoursement						1
Yes	Rate	8ase		nuomA		KX No	
16 Authorizations		Authorized Agency R	egresentit	ive (Type or Print)	Title if other to	han Agency Secretal	γ
	_	_Richard W	Lora	ing	Deputi	. Secretary	-
200100	ated Review	Signature Color		enang	4-8		
	, FO	R DEPARTMENT	OF ADMIN	VISTRATION USE	ONLY	300 and	/
Reviewing Analy	1/10/1/01	11. h.	hane <u>1-</u>	9546	SAI Number_	WI46041	(-057)
Recommendation	n: Approve	Approve With C	anditions	□ Deny 123 196	Date Receive	4-25-	96
Signature	Jablansk	<u> </u>	#to	<u> </u>	USTS 1304		

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

April 26, 1996

Raymond G. Boland, Secretary Department of Veteran Affairs PO Box 7843 Madison, WI 53707-7843

> VA Homeless Providers Grant & Per Diem Payment Program, State Application Identifier Number WI960425-067-N64024YY

Dear Secretary Boland:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser Secretary

100 42

WISCONSIN FEDERAL GRANT APPLICATION NOTICE Federal-State Relations Office Department of Administration 101 E. Wilson Street, 6th Floor DOA-7020(R12/92) P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125 3 Agency LD. (Optional) 2 1 Applicant Agency CFDA# 64 · 024 Dept of Veterans Affairs Federal Agency to Receive Request Address (Street/City/State/Zip) US Dept of Veterans Affairs 30 West Mifflin St. Period of Funding Mo/Day/Year 7 Application Due Date 7/96 Mo/Day/Year Madison, WI 53703 Contact Person 4/29/96 6/97 Doug Bingenheimer 8 Agency Project Title Phone 264-6094 9 Executive Order 12372/Review Required 10 Area of Impact Counties/States VA Homeless Providers Grant & ĭ No Per Diem Payment Program Waupaca 12 Type of Assistance Clearinghouses: Notified 11 Type of Application New Grant Rehab Grant WI X Amendment to Current Grant Formula Continuation-Unchanged X Discretionary Continuation-Modified Other_ 13 Number of Years Previously Funded. 14 Funding, Allotment and Position Data (including Federal indirect costs) \$90,000 for Ove Hall Rehab-Kitchen & Dinning Area & Per Diem \$30/day/client of Veterans Agai Stations Programexisting Positions No. (FTE) Type No. (FTE) Type Total Federal Funds Applied For . Numeric Appropriation Source \$ S \$ S

15 Indirect Cost Reimbursement Amount . ☐ Yes Rate Title if other than Agency Secretary Authorized Agency Representative (Type or Print) 16 Authorizations Deputy Secretary Robert A. Cocroft ■ Delegated Review 4/25/96 FOR DEPARTMENT OF ADMINISTRATION USE ONLY Phone . Reviewing Analyst . Date Received Approve With Conditions ☐ Deny

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

April 29, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> Effects of Watershed Urbanization on Stream Ecosystems, State Application Identifier Number WI960423-066-N00000ZZ

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Pederal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone (608) 267-2125

Applicant Agest Department of N	ncy Ianural Resources	·			CFDA#_J&C_	000	<i>G O</i>	3 A 694	gency I.D. (O	ptional)	
Address (Street 101 S. Webster S Madison, WI 53				ν	Federal Ag Dept. of Inter	ency to Rec ior, Nat'l.	eive Request Biological S	Service			
Contact Person Lizhu Wang		-221-63	335		Period of 1	Funding Mo	/Day/Year 10-1-96 3-30-98		pplication Du lo/Day/Year 96	ie Date	
111	d Urbanization on Si	ream E	121		Executive Yes	Frder 12372	Review Requ	iired		f Impact es/States tukee,	
Type of Applic			Type of Grant	Assistance	Clearinghouse	: Notified	Dates	ı	Washington	, Waukesha,	-
New Gran			<u> </u>				:		Milwaukee,		-
	ent to Current Grant			rmuis			<u> </u>		Kenosha, W	/alworth	-
l —	on-Unchanged on-Modified		Other:	scretionary				·····	Wisconsin		
141		^	L		4-17-	96 -	<u> </u>			•	-
	urs previously funded: ment and Position Da				1 7	<u> </u>	<u> </u>				
Numeric Appropriation	Source Federal		enue Type	Amount \$29,066.69	No. (FTE)	ew Positions	Туре	lo N	Existing (o. (FTE)	Positions Type : N/A	
181	Federal	Indire		\$ 5,933.31	N/A	N/A		0		N/A	
	1 04544			\$						1	_
				\$		•				1	
				5							
				\$	<u> </u>			<u> </u>			_
			·······························	S				<u> </u>			
Indirect Cost I	Reimbursement Rate 24.08%			24,640		\$5,933,31					
16 Authorizations			Authorized Franc Fen	Agency Representativnessy	ve (Type or Prin	t)			Agency Secret anagement		
☐ Delega	ued Review		Signature	in his				//-	96		
		F	OR DEPA	RIMENT OF A	DMINISTRATI	ON USE	ONLY		77 77	6777 S	H
Reviewing Analyse	Rusa G	Kal	mus	20 Phone	(o-1)3	227	SAI Numb	et W	1960	74737	166-N
Recommendation:	Approve	:	Approv	re With Conditions		ieny i L	Date Recei	ived	403	196	000
Signature Tus	111 Jan	nn	سلمه	Date _	7/45/	16	. Date Due		5/7	146	-00
COMMENTS:											IZZ

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

April 29, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Safe and Drug Free Schools and Communities (Governor's Discretionary Program), State Application Identifier Number WI960429-073-N84186XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

		2	3	Agency I.D. (Optional)
1 Applicant Agency pepartment		CFDA #8_	4_ •1_8_6_	
Social Serv 4 Address (Street/City/State/Zip)	TC 43		ncy to Receive Request	
1 West Wilson St.		U.S. DO	E/OESE	
P.O. Box 7851, Madiso	n. WI 53707-78		nding Mo/Day/Year 7	Application Due Date
Contact Person	-,	J	uly 1, 96	Mo/Day/Year May 1, 1996
BLIII C McCullough	Phone 266-271	7 S	ent 30 97	
Philip S. McCullough 8 Agency Project Title		9 Executive Or	der 12372 Review Requir	red 10 Area of Impact Counties/States
- Safe and Drug Free Sc	hools and Commu	nicles	s ⊠ No	Continessorates
Governor's Discretion		Yes		State-wide
11 Type of Application	12 Type of Assistance	Clearinghouses	: Notified Dates	
New Grant	Grant	The	1.57	
Amendment to Current Grant	K Formula			
Continuation-Unchanged	Discretionary			
x Continuation-Modified	Other	AII		
13 Number of Years Previously Funded	9			
14 Funding, Allotment and Position Dat		CT COSTS)		1
Total Federal Funds Applied For	1,583,860		New Positions	Existing Positions
Numeric _	Revenue Type	Amount No.	(FTE) Type	No. (FTE) Type
7,000				0 0
_3743 _FED	_ PRF	\$1,583,860 0	<u> </u>	
		<u>s</u>		
		<u>\$</u>		
		<u> </u>		
		s		
		\$		
	_			
		<u>\$</u>		
		<u>\$</u>		
15 Indirect Cost Reimbursement				
Yes Rate	Base	Amount		X No
16 Authorizations	Authorized Agency F	Representative (Type or F		an Agency Secretary
19] / 6210112220113	-Richard W. 1	Lorang	Deputy S	ecretary
	Signature (Date	
Delegated Review	Celler U	Joint		25-86
	FOR DEPARTMENT	OF ADMINISTRATION	USE ONLY	
F0554	. И.	6-278	SAI Number 4	15960424-M
Reviewing Analyst 70334	· · · · ·	hone	SAI NUMDer 15	11 10 10 10
Recommendation: Approve	/ Approve With C	Conditions , Deny	Date Received	7/25/96
1 1-1-1	Lanen 1	Tate 4/29/96	Date Due	4/30/96
Signature William H-	L			
COMMENTS:		·		
The second second				والمستمعين وواوا والاهام

Opportment of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 5th Floor P.O. Box 7868 Medison, WI S3797-7868 Telephone 688/787-7375

									elebitotie on	1/267-2125
1 Applicant Agent			i i i	2			· · · · · · · · · · · · · · · · · · ·	3 /	gency I.D. (C	ptionel)
	of Health and	d Social Servi	ces	····	A # <u>6 6</u>					
Address (Street	/City/State/Zip) of Health, Pt	ublic Health		5 Fede	rai Agency ti USEP		ve Requ	est		
	son Street, Ma)2	6 Penn	d of Funding		v/Yeer	7	Application C	lue Date
Contact Person				<u> </u>			1996		Mo/Day/	
Conrad We	eiffenbach	Phone 608) 26	57-4796		May	31,	1997		3/31/	96
Agency Project				9 Exec	utive Order 1	2372 A	view Re	quirec		
Indoor Ra	adon Grant			1	Yes /	IX	No)	Coun	ies/States
		12 Type of Assistance		Cinneine	nouses: Not		Dates		State	wide
1 Type of Applica		Grant	-	Creaming	nouses: Not	iileo.	77	٠.		
,	ent to Current Grant	Formula			ho	_/_	<u> </u>			
	ion-Unchanged	Oiscretionary						=		
	ion-Modified	Other		-	A 11					
	s Previously Funded_	6			AII					
	ent and Position Data (rect costs)							
Total Federal Fu Numeric	ands Applied For	\$20 3,4 16			Naw	Positi	nns		Existing	Positions
Appropriation	Source	Revenue Type	Amo	unt	No. (FTE		Type		No. (FTE)	Туре
149	Federal	PRF	\$203,	116				_ _		
101	State	GPR	\$137,	905						
	Other Match	In-Kind	\$ 65.	674				_		
			\$					-		
			S					- -		
			s					- -		
			s	····				- -		
			s					- -		
			<u> </u>					_		
5 Indirect Cost Re	•	_		_					লে	
	Rate			Amoun					⊠ No	
6 Authorizations		Authorized Agency Richard W.	•		pe or Print)	1			gency Secre	
[X] Delec		Sidnatura	<u></u>	3		Date		, , ,	ocrecar y	
Deleg	ated Review) Vsola	アアク	uero,	9		3-7	27-2	ं	
		OR DEPARTMENT	OF ADM	NISTF	TION USE	EONL	Y *****;***		and the state of	(artintegar
on the figure of the first terms of		blonsky	- n	95	22/	2		LiT	-9/1/	110-04
			Phone		40	SAIN	umber		- 100	76
	st ful / C	(7 4-5 1
Reviewing Analy		Approve With	Condition	. \square	Deny	Date	Receiv	ed 🗀	71	
		Approve With	Conditions Date		Deny	Date Date			el.	
Reviewing Analy		~ V	Condition		Deny	Date	Receiv	ed 🗀	γ	(V

Comments Continued on Reverse or on a Separate Sheet

Department of Administration Form DOA-7020 (R 5-88) (Formerty FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Medison, WI 53707-7868

	Telephone 608/267-2125
Applicant Agency Division of Health Bureau of Public Health	2 CFDA # 9 3 • 9 8 8 3 Agency LD. (Optional)
Address (Street/City/State/Zip) One West Wilson Street P.O. Box 309, Madison, WI 53701-030 Contact Person	07/01/96 Mo/DayWear
Patrick Remington, M.D. Phone 267-38	3835 0 <u>6/30/97</u> 4/15/96
State-Based Programs to Reduce the Burden of Diabetes: A Health Systems	9 Executive Order 12372 Review Required 10 Area of Impact Counties/States as Approach Yes No
Type of Application New Grant Amendment to Current Grant Continuation-Unchanged Continuation-Modified Type of Assistance Grant Formula Discretionary Other	Clearinghouses: Notified Dates No. W.L. E.S.
13 Number of Years Previously Funded Two	All
14 Funding, Allotment and Position Data (including Federal indire Total Federal Funds Applied For \$303,539	
Numeric Appropriation Source Revenue Type	Amount No. (FTE) Type No. (FTE) Type
	\$ 303,539 4.00 Permanent
15 Indirect Cost Reimbursement X Yes Rate 14.1% Base 150,7	
16 Authorizations Authorized Agency F Richard W.	
Delegated Review	2 Sarang 4-12-86
FOR DEPARTMENT	OF ADMINISTRATION USE ONLY
	Phone 1-9546 SAI Number W1960418-004
Recommendation: Approve Approve With C	Conditions Deny Date Received TO Date Date Date Date Date Date Date Date
COMMENTS:	De legated.

Comments Continued on Reverse or on a Separate Sheet

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

			Age	ncy.l.D.(Optional)
1 Appliicant Agency		CFDA # 1 7 . 2		
Dept. of Industry, Labor & Human Re	AGEOUS .	5 Federal Agency to Reco	eive Request	
4 Address (Street/City/State/Zip)	70.4 <i>0</i>	U. S. Dept. of Labor		
210 E. Washington Ave., P. O. Box 7	940	8 Period of Funding Mo/D	ay/Year 7 Ap	olication Due Date
Madison, WI 53707-7946	1	7/1/96		Mo/Day/Year
Contact Person	DL 000 0745	12/31/97	Co	ontinuous RFP
Dan Bond	Phone 266-0745	L Evenutive Order 12372		, Area of Impact
8 Agency Project Title	_	9 Executive Order (23) 2		Counties/States
National Reserve Application for the	Farm	Yes 🌣	No	
population in the State of Wisconsin.		} [_]	Dates	Statewide
11 Type of Application	12 Type of Assistance	Clearinghouses: Notified	Dates	Oldlowide
New Grant	Grant		*	•
Amendment to Current Grant	Formula			
Continuation-Unchanged	Discretionary			
Continuation-Modified	Other			
L Number of Years Previously Funded	0	All		
E - dis- Alletment and Position Data (inc	cluding Federal indirect cos	its)		
Total Federal Funds Applied For	\$ 780,063			
		New Po		xisting Positions
Numeric Source R	Revenue Type Ar	mount No. (FTE)	Type No.	(FTE) Type
Appropriation	PR-F \$	768,362	·	
1.4	PR-F \$	62		
153-indirect	PR-F \$	11,642		.22 Perm
145 Federal	s —			
	s			
	s			
15 Indirect Cost Reimbursement		Amount \$62	Г	- No
Yes Rate .75% of Salaries	Base \$8,250		Title if other than	Agency Secretary
4 Authorizations	Authorized Agency Repre	sentative (Type of Final)	Budget Analyst	1
	Susan Husa		Date Date	
Delegated Review	Signature	/ /	The second secon	
	LIUSEL A	uss	May 3, 1996	
FOR	DEPARTMENT OF AL	MINISTRATION USE	JNEY.	
Reviewing Analyst Mande	Phone	6-1102	Al Number W	1460201 DX
Recommendation: Approve	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onditions Deny	Date Received	5-4-46=1
Kecolimiendado			Date Due	NOV.
Signature			· · · · · · · · · · · · · · · · · · ·	
COMMENTS:				
	•		*	a
1		*		- 1.

Department of Admir Form DOA-7020 (R 5- (Formerly FDA 50)		S.D.	re ice				101 S. Wel P.O. Box 7 Madison, \	tate Relations Office bster St., 6th Floor 7868 WI 53707-7868 6 608/267-2125
1 Appliicant Agen	a log mans			T 2				(LD: (Optional)
	try, Labor & Human F	Relations	· - 20	CFDA #	17.	-80		
Address (Change)		CIGUOIO		5 Federa	Agency to Re	E39	st	Live to the Marketine
1 ' 1	ngton Ave., P. O. Box	7046	A Section		ept. of Labo	1994 Mala Adat a Histori		
}		1340		1	of Funding Mo		7 Applic	ation Due Date
Madison, WI	The second secon		San	F-1 / 5.16.	7/1/96	de de source e		/Day/Year
• • • • • • • • • • • • • • • • • • • •		Phone 26	5-2687	· .	9/30/97		THE WEST STREET	5/10/96
Ronald Hunt	Tida	Frione 200	<i>5-2001</i>	- Evecuti	ve Order 1237	72 Review Re		Area of Impact
a Agency Project			14	g Executi	Ve Older 120		1	Counties/States
	p Workforce Develop		* p.	Yes		⊲ No		and the second
<u> </u>	ng Demonstration Gra	1 The of A	asiatanaa	Clearinghou		⊠ No Dates	۰	tatewide
11 Type of Applica	and the second of the second o		ssistance	Cleaningnou	ses. Nouneu	Uales -	` °	rarewide
New Grant		Grant		-	A A	111		
	nt to Current Grant	U	mula *:	l	100	<u> </u>		
I LJ	on-Unchanged	[1573	cretionary			-=	/	
	on-Modified		1.			<u> </u>		TATE A PAGE
14 1	s Previously Funded ent and Position Data (in	0			All			
Numeric Appropriation	unds Applied For Source I	\$223,596 Revenue Type	Ar	nount	New P No. (FTE)	ositions Type	Exis No. (F	ting Positions (E) Type
151	PR-F	Federal	\$	223,468				36 Perm
153-Indirect	PR-F	Federal	\$	128			.	
			\$	-				
			\$.	
			\$					
			\$.	
			\$				<u> </u>	
			\$					
15 Indirect Cost Re	imbursement		···········					
Yes Rai	te .75% of Salaries	Base	\$ 17,064	1 P	mount \$12	28		No
16 Authorizations		Authorized Age	ency Repres	entative (Type	or Print)	Title if other	er than Ager	ncy Secretary
		Susan Huss	1			Budget A	nalyst	
Delec	gated Review	Signature	/	-7/	,	Date		
	,		11001	Ekss	_	5/10/96		Ì
	TORI	DEPARTMEN				ONLY		
Reviewing Analyst			Phone	10-11		SAI Number	7.年6	160514-091
Recommendation:		Approx	ve With Co	nditions ¬	<u> </u>	- Date Receiv		7年97
· ·	U , ppiote	□ , , , , , , , , , , , , , , , , , , ,	Da Da			Date Due	~ 5 7	0 - 10
Signature				11.C		Dale Due		2'
COMMENTS:								Ţ.
								1

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)	whent Ass	L Dis	ut r	Federal-State Relation 101 S. Webster St., 6t P.O. Box 7868 Madison, WI 53707-7	th Floor 7868
Ketunoo + B	retrantor HSS	Tipiscret	onarcy	Telephone 608/267-2	
1 Applicant Agency	기가 없는 하는 그 사람들이 되었다면 되었다. 그렇	121		Agency I.D. (Optiona	d)
Department of Health &	Social Services	CFDA # 9 3			
4 Address (Street/City/State/Zip)		5 Federal Agency to	Receive Request	o II Comun	600
1 West Wilson Street	P.O. Box 7935	Department	or Health	& Human Servi	
Madison WI 53707-79)35	6 Period of Funding		Application Due Da	te
Contact Person		The state of the s	0/96	Mo/Day/Year	
Susan G. Levy	Phone 266-0578		/ 29 /97	05/10/96	· ·
a/ Agency Project Title		9 Executive Order 12	2372 Review Requ	red 10 Area of Impa	
T Refugee Family Violer	ice Prevention \		☑ No	Counties/St	ates
Education, and Interv	rention	Yes	X No	Statewide	,
11 Type of Application	12 Type of Assistance	Clearinghouses: Noti	ified Dates	Statewine	
New Grant	Grant	M A	\ 1./T		
Amendment to Current Grant	Formula		<u> </u>		
X Continuation-Unchanged	Discretionary	: <u></u>	7		
Continuation-Modified	Other			<u> </u>	<u> </u>
13 Number of Years Previously Funded	· · · · · · · · · · · · · · · · · · ·	AII			
14 Funding, Allotment and Position Data	a (including Federal indirect c	osts)			
Total Federal Funds Applied For			J. Oak		
Numeric		New	Positions	Existing Posit	ions
Appropriation Source	Revenue Type	Amount No. (FTE) Type	No. (FTE)	Гуре
446 Federal	PR-F \$1	50,000 0	A STATE OF	0	sea a se
	Cash/in-kind\$				
Local		30,000			
	<u> </u>				
·	<u> </u>	1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	s				
				1	
	<u> </u>				
	<u> </u>				
15 Indirect Cost Reimbursement	S S S S S				
Yes Rate	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount		□ No	
 	Base	resentative (Type or Print)		an Agency Secretary	
Yes Rate	Base	resentative (Type or Print)	Deputy :		
Yes Rate	Base	resentative (Type or Print) rang	Deputy S	an Agency Secretary Secretary	
Yes Rate	Base	resentative (Type or Print) rang	Deputy S	an Agency Secretary Secretary	
Yes Rate	Base	resentative (Type or Print) rang	Deputy S	an Agency Secretary Secretary	
Yes Rate	Base	resentative (Type or Print) rang Amana Administration us	Deputy S	an Agency Secretary Secretary 76	L-08
Yes Rate 16 Authorizations Delegated Review	Base Authorized Agency Repr Richard W. Lor Signature FOR DEPARTMENT OF Apr Apr Pho	resentative (Type or Print) rang Amenical Transport Administration us ne	Deputy S Date 5-9-	76 T960514	6-08
Yes Rate 16 Authorizations Delegated Review Reviewing Analyst Dum	Base Authorized Agency Repr Richard W. Lor Signature FOR DEPARTMENT OF Apr Apr Pho	resentative (Type or Print) rang ADMINISTRATION US ne	Deputy Date 5-9- E ONLY SAI Number	76 T960514	6

Department of Administration Form OGA-7020 (R S-38) (Formerly FOA 50)	Dise n for Tox	Pase &	legist.	ry	Federal-State 101 S. Webster P.Q. Box 7868 Madison, Wi-5	
Markh Program	n for Tox	ic Sub	stance	24	Telephone 601	
1 Applicant Agency WI Dept of Health & Hum	an Services	Г	FDA # 9 3	<u>•1_6_1</u>	3 Agency LG_(0	ptiones).
4 Address (Street/City/State/Zio)		5 F	ederal Agency to	Receive Reque	in UP(
1 West Wilson Street, P	.O. Box 309		C-ATSDR			
Madison WI 53701		6 P	eriod of Funding 09/3	Mo/Day/Year	7 Application 0	,
Contact Person					U .	-
Thomas Anderson	Phone 266-7		09/2		05/15/9 Juired 10 Area o	
Agency Project Title Surveillance of Hazardo	us Substanced		xecutive Order	STIS HEALEM HEC	Count	ies/States
1	us substances	\	Yes	X Na		
Emergency Events					State	wide
11 Type of Application	2 Type of Assistance	Clea	ringnouses: Noti	ified Dates		•
New Grant	Grant		M	WI		
Amendment to Current Grant	Formula				<u> </u>	
Continuation-Unchanged	Other Co-op A	greement.				· · · · · · · · · · · · · · · · · · ·
Continuation-Modified	5	910010	AII			
13 Number of Years Previously Funded	ingluciae Enderal iedi	rest costs)				
14) Funding, Allotment and Position Uata (. 273			*		• .
Total Federal Funds Applied For \$71	.,		New	Pasitions	Existing	Positions
Numeric Appropriation Source	Revenue Type	Amount	No. (FTE		No. (FTE)	Туре
149 Federal	PRF	s 71,273			1.0	Perm
			_			 [
		3	_			 [
		5				
		<u>s</u>	_			
•	,	S				
		S				•
		3	-			
		\$				 [
		S				
15 Indirect Cost Reimoursement Yes Rate 14.1	\$35,		ount <u>\$4,94</u>			
16 Authorizations	Authorized Agency	Representative	(Type or Print)			tary
	Richard Lor	ang		Deputy S	ecretary	
☑ Delegated Review	Gignature	and Law		Date 5-8		
, FC	OR DEPARTMENT	OF ADMINIST	BATION USE	CNLY		The same of the sa
Reviewing Analyst	chonsky	Phone 1-0	1546	SAI Number.	WI9605	
Recommendation: Approve	Approve With	Conditions	Deny	Date Receive	3-14-C	<u>l(o</u>
Signature	_	Oate		Date Due	<u> </u>	
COMMENTS:	•					

H-801-1

WISCONSIN FEDERAL GRANT APPLICATION TO Federal	State Relations Office
Form DOA-7020 (R 5-88) In vestigations + feenqual Possing P.O. Box	ebster St., Sth Floor ; 7862 ;, W1 55707-7868 ne 608/267-2125
Centers for Disease Control + Me wention -	
1 Applicant Agency 1 Duess / Division of Health	
DH&SS/Division of Health CFDA # =	
4 Address (Street/City/State/Zip)	DO
Center for Health Statistics	ution Dee Date
9/30/96 9/30/90 9/30/90 9/30/90 9/30/90 9/30/90 9/30/90 9/30/90 9/30/90/90 9/30/90 9/30/90 9/30/90 9/30/90 9/30/90 9/30/90 9/30/90 9/3	o/Day/Year
Contact Person 9/29/97 9/29/97 5/8/9	6
1 County County 12372 Having Resident 12372 Having Resident 1017	Area of Impact
8 Agency Project Title	Continensation
National programs of cancer keyistries)	1 Counties
Type of Assistance	
New Grant Grant	
Amendment to Current Grant Formula	
Continuation-Unchanged Discretionary	
Continuation-Modified OtherAll	
13 Number of Years Previously Funded 2	
14 Funding, Allotment and Position Data (including Federal indirect costs)	
At a	disting Positions
Numeric Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) Type
T49 Federal PR-F \$ 317,635	
149 Caerar S	
	:
	· · · · · · · · · · · · · · · · · · ·
15 Indirect Cost Reimbursement	
Ves Bate Base Amount -	Z No
	No Secretary
Authorized Agency Representative (Type or Print) True if Outer trial Page.	cy Secretary
Authorizations Authorized Agency Representative (Type or Print) Pichard W. Lorang Deputy Secret	cy Secretary
Authorizations Authorized Agency Representative (Type or Print) Pichard W. Lorang Deputy Secret Date	cy Secretary
Authorizations Authorized Agency Representative (Type or Print) Pichard W Lorang Deputy Secret Signature Date 5-6-26	cy Secretary
Authorizations Authorized Agency Representative (Type or Print) Pichard W. Lorang Signature Signature FOR DEPARTMENT OF ACMHISTRATIONS Authorized Agency Representative (Type or Print) Deputy Secret 5-6-26	cy Secretary
Authorizations Authorized Agency Representative (Type or Print) Pichard W. Lorang Deputy Secret Signature Signature Date 5-6-26 FOR DEPARTMENT OF ADMINISTRATION SAI Number WIP	cy Secretary
Authorizations Authorized Agency Representative (Type or Print) Pichard W. I grang Deputy Secret Signature Signature FOR DEPARTMENT OF ADMINISTRATION Reviewing Analyst Phone Phone Authorized Agency Representative (Type or Print) Deputy Secret Date 5-6-26 SAI Number WI9	60544-087-N
Authorizations Authorized Agency Representative (Type or Print) Pichard W Lorang Deputy Secret Signature Signature FOR DEPARTMENT OF ADMINISTRATION Reviewing Analyst Authorized Agency Representative (Type or Print) Deputy Secret Date S-6-26 Reviewing Analyst Authorized Agency Representative (Type or Print) Deputy Secret Date S-6-26 Reviewing Analyst Authorized Agency Representative (Type or Print) Deputy Secret Deputy Secret Date Phone Deputy Secret Deputy Secret Deputy Secret Date Reviewing Analyst Deputy Secret Date Phone Deputy Secret	60544-087-N
Authorizations Authorized Agency Representative (Type or Print) Pichard W Lorang Signature Signature FOR DEPARTMENT OF ADMINISTRATION Reviewing Analyst Recommendation: Approve Approve With Conditions Deny Date Description Deny Date Due	60544-087-N
Authorizations Authorized Agency Representative (Type or Print) Pichard W I grang Signature Signature Phone Phone Phone Phone Approve Approve With Conditions Deny Date Received Phone Pote Plane	60544-087-N

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 2, 1996

William J. McCoshen, Secretary Department of Development 123 W. Washington Avenue PO Box 7970 Madison, WI 53707-7970

> Economic Development--State and Local Economic Development Planning (Wisconsin Industrial Sites and Buildings Internet System), State Application Identifier Number WI960320-039-N11305XX

Dear Secretary McCoshen:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

ectetary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE Federal-State Relations Office tment of Administration 101 E. Wilson Street, 6th Floor 7020 312/92) con Deu. State & Local Econ Deu. Manningelephone 808/287-2128 CFDA# 11 • 305 Department of Development 5 Federal Agency to Receive Request 4 Address (Street/City/State/Zip) Economic Development Administration 123 W. Washington Madison, WI 53707 6 Period of Funding Mo/Day/Year 7 Application Due Date 5/1/96 Mo/Day/Year Contact Person 4/1/1996 William G. Lehman Phone 267-9573 9/1/96 10 Area of Impact Agency Project Title 9 Executive Order 12372 Review Required Counties/States Wisconsin Industrial Sites & Buildings Y Yes Internet System (WisBis) Entire state 12 Type of Assistance Clearinghouses: Notified Type of Application Dates Grant New Grant DOA-Fed State Amendment to Current Grant Formula All Resional Continuation-Unchanged Y Discretionary Planning Comm Continuation-Modified Other 13 Number of Years Previously Funded. None 14 Funding, Allotment and Position Data (including Federal indirect costs) \$ 76.800 Total Federal Funds Applied For _ Numeric Appropriation **New Positions Existing Positions** Source Revenue Type Amount No. (FTE) Type No. (FTE) Type **\$** 29,900 Perm 101 State **GPR** 30_ PFR 76.800 141 Fed 15 Indirect Cost ReimbursementOnly to be claimed as state match. Rate 39.3% Base Salary/FringeAmount __\$8400_00 Authorized Agency Representative (Type or Print) Title if other than Agency Secretary 16 Authorizations Secretary ■ Delegated Review 3/22/96 INISTRATION ISE ON T Reviewing Analyst ☐ Deny Date Received _ Approve Approve With Conditions Signature : COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 6, 1996

Carol Skornicka, Secretary
Department of Industry, Labor
and Human Relations
201 E. Washington Avenue
PO Box 7946
Madison, WI 53707-7946

Women's Special Employment Assistance (Non-Traditional Occupations for Women-LINK Project for Placements), State Application Identifier Number WI960429-075-N17700XX

Dear Secretary Skornicka:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM Department of Administration Federal-State Relations Office Form DOA-7020 (R 5-88) 101 S. Webster St., 6th Floor P.O. Box 7868 (Formerty FDA 50) Madison, WI 53707-7868 lo men o @Felephone 608/267-2125 Appliicant Agency Dept. of Industry, Labor & Human Relations CFDA # 17.70 Address (Street/City/State/Zip) Federal Agency to Receive Request 210 E. Washington Ave., P. O. Box 7946 U. S. Dept. of Labor Period of Funding Mo/Day/Year Madison, WI 53707-7946 Application Due Date Contact Person 06/01/96 Mo/Day/Year Mary Cirilli Phone 267-7273 11/30/97 04/26/96 Executive Order 12372 Review Required Agency Project Title 1 Area of Impact Non-Traditional Occupations for Women - LINK Counties/States project for placements. Type of Application Type of Assistance Clearinghouses: Notified 12 11 Statewide **New Grant** Grant Amendment to Current Grant Formula Continuation-Unchanged Discretionary 図 Continuation-Modified Other Number of Years Previously Funded Funding, Allotment and Position Data (including Federal indirect costs) 14 Total Federal Funds Applied For 287,730 Numeric **New Positions Existing Positions** Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) Type Federal PR-F 13,028 145 .118 Perm 153-Indirect Federal PR-F 51 152 Federal PR-F 274.651 Indirect Cost Reimbursement Base Yes Rate .75% of Salaries Amount Authorizations Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Sue Huss **Budget Analyst** Signature **Delegated Review** 4/23/96 eoridepartmenikoeadministrationeuseonisy **Reviewing Analyst** Phone SAI Number Recommendation Approve With Conditions Deny **Date Received** Date Due Signature COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 7, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> Community Assistance Program-State Support Services Element, State Application Identifier Number WI960429-069-N83105XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Department of Administration Form OOA-7020 (R S-SS) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Medicon, WI 53707-7868 Telephone (606) 267-2125

Department of Natural Needurces	Applicant Agency		2 CFDA# 83,105		Agency LD	(Optional)		
Madison, WI 53707-7921 Contract Person Bob Wqtson Phone 266-8037 S Agency Project Title Community Assistance Program-358E S Agency Project Title Community Assistance Program-358E Type of Application New Grant Appropriation Continuation-Unchanged Continuation-Unchanged Continuation-Unchanged Continuation-Unchanged Continuation-Modified Wes H = 24 - 96 Assistance Appropriation Source Revenue Type Amount No. IFTE Type No. IFTE Typ	Address (Street/City/State/2/P/	The state of the s	5 Federal Agency to Receive Request					
Solutions Phone 266-3037 Solutions Phone 26		•						
Agency Project Title Tat		37	ے م	10/1/95 Ma/Day/Year 9/30/96 Ma/Day/Year				
12 Type of Application 12 Type of Assistance Statewide Sta	Agency Project Title State Community Assistance Program-SSSE		I THE STOCKED AND					
Ammendment to Current Grant Formula Discretionary Other: Continuation-Unchanged Discretionary Other: Contract Similar Punding Approved Continuation-Modified Discretionary Other: Contract Similar Punding Approved Since FY 80-81 Yes H - 24 - 96 All Since FY 80-81 Yes H - 24 - 96 All Since FY 80-81 Yes H - 24 - 96 All Since FY 80-81 Yes H - 24 - 96 All Since FY 80-81 Yes H - 24 - 96 All Since FY 80-81 Yes Household Approved Formula Approved With Canditions Deny Date Received Formula	Type of Application	12 Type of Assistance Grant				wide		
Continuation-Modified Other Contract		☐ Formula	h	ho fied Es				
13] Number of Years previously funded: Since FY 80-81 14] Funding, Allotment and Position Date (Inlouding Federal indirect costs) Total Federal Funds Applied For 3115, 109 Nameric Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) Type 15] Revenue Type Amount No. (FTE) Type No. (FTE) Type 16] Authorized Review Significant Source Revenue Type Amount No. (FTE) Type No. (FTE) Type 16] Authorized Review Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Administrator - Management Services 16] Authorizetions Franc Fornessey Significant No. (FTE) Type No. (FTE) Type 17] Poste Outer Type No. (FTE) Type 18] Authorized Agency Representative (Type or Print) Title if other than Agency Secretary Administrator - Management Services 16] Authorizetions Franc Fornessey Significant No. (FTE) Type Outer T								
Total Federal Funds Applied For \$115,109 New Positions Numeric Appropriation Source Revenue Type Amount No. (FTE) Type No. (F			Yes 4-24.	-96 AM				
New Positions Approve Source Revenue Type Amount No. (FTE) Type	— MAÇ — MANANIN TO TANANIN TO TANA		1)					
Appropriation Source Revenue Type Amount No. (FTE) Type No. (FTE) Type O2-339 PR-S \$94,152 O 1.00 Perm O2-846 PR-F \$27,942 O 0 O2-846 PR-F \$27,942 O 0 O2-301 GPR \$31,384 \$3 \$ \$3 \$ \$3 \$ IS Indirect Cost Reimbursement		9	New I	² ositions		*		
02-339 02-846 02-301 GPR \$31,384 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		venue Type Amount		Type				
02-845 02-301 GPR \$31,384 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	02-339 PR-S	\$94,152	0			Perm		
S S S S S S S S S S	02-846 PR-F	\$27,942	0		0			
S S S S S S S S S S	02-301 GPR	\$31,384						
S S S S S S S S S S		3		:	<u> </u>			
15 Indirect Cast Reimbursement		\$		•				
Indirect Cost Reimbursement Yes Rete 24.08% Base \$116.037 Amount \$27.942		\$:				
See		3						
Administrator - Management Services Delegated Review Signifure Date Da	Middle Cost Lawrence to the Cost							
Recommendation: Delegated Review January	16 Authorizations	Franc Fennessey	ntative (Type or Print)	Administr				
Reviewing Analyst Russ Recommendation: Approve With Conditions Deny Date Received 4-29-96 Recommendation: Deny Date Received 4-29-96 Second Recommendation: Deny Date Received 5+13-96	-	Trailin I h.		Gy.				
Recommendation: Approve Approve With Canditions Deny Date Received 4-29-96 5+13-96 Deny Date Received 5+13-96	$R_{11}=0$	Comusting		39	:IT 96	0429-6		
Signature France U English Date Out 5/7/96 Date Out 5 7/5/96				,		_ , 1		
		Approve With Candition	na Deny	/ Date Rece	aired 4-9	29-96		
COMMENTS:	Recommendation: Approve	Approve With Candition	ne □ □ Deny 5/7/96		5+	29-96		

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 8, 1996

Nathaniel E. Robinson, Administrator Division of Energy and Intergovernmental Relations Department of Administration PO Box 7868 Madison, WI 53707-7868

> Wisconsin Coastal Zone Management Program 1996-97, State Application Identifier Number WI960426-068-N11419ZZ

Dear Mr. Robinson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Department of Administration

DOA-7020(R12/92)

Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

								ě	3 Age	ncy I.D. (Optio	onei)	
4 I A	opplicant Agency		, ,	_	Γ.	2] CFDA#	1 <u>1</u> • 4	19		1000000	200	
	Department	of Administ	ratio	Ω.		5 Federal	Agency to Rece	sive Reque	st	- 1 Bass	urce Mot	
		(A) - 4 - 171 - 1			<u> </u>	T NOAA/	off of Oc	ean 🗠 '	COas	al Keso	dice ::84	
F	101 E. Wils	on St., oth	TIJ	53707-786	8	6 Period	f Funding Mo/	Day/Year	7 AP	plication Dua Mo/Day/Ye		
l l	P.O. Box /3	368, Madison	o, wr	33,0,	r	<u> </u>	10/1/96			15/96		
	Contact Person			ne 267-798			3/31	./98	2/	13/30	noact	
	Oscar Herr	era		20		9 Executi	ve Order 12372	Review Red	urec	Countie	s/States	
8	Agency Project Titi	0 	oment	Program	Ī		ا	¬ No		Lake M	Lchigan	
	WI Coastal	Zone Manag	tion				Yes			and		
	1996-97 Gr	ant Applica		of Assistance		Clearingh	ouses: Notified	Dates	i	Lake S	uperior	
11	Type of Application	n	Gran							Coasta		
Γ	New Grant			 Formula						Counti	es	
	Amendmen	to Current Grant	== '	Discretionary								
	Continuation	n-Unchanged	Othe				AII					
	Continuatio		18				_^"			<u> </u>		
13	Number of Years	Previously Funded nt and Position Dat	a (includin	ng Federal indir	ect costs)	}						
14	Funding, Allotme	II SIIG F COMON -	st .036	000			New Po	aitione		Existing	Positions	
	Total Federal Fur	ds Applied For			A		No. (FTE)	Type		No. (FTE)	Type	
	Numeric Appropriation	Source	Re	venue Type		nount	110.10			5.25	Perm_	
-		Federal	PE	R-F		18.363		····	 '	.60	Project	
	146	Indirect		R-F	\$	17,637				.25	Perm	
at-	145 748	· · · · · · · · · · · · · · · · · · ·	_ _	PŘ	\$	16,433						
	101	State			S	1,052						
2	+0+ 度	Indirect	====	HAPPET .	<u> </u>	69,240						
4	Local	Match	_			12,275	(DNR)					
		Match			\$ 4	16,415		·				
1	Other				\$							
		l	-		s							4
1			_									
<u> </u>	15 Indirect Cost Re	eimbursement			205	6	- s18.68	9		☐ No		_
	Yes	Rate 6.4		Base <u>\$292</u>	2002	Amou	ero or Print)	Title if oth	ner than	Agency Sec	retary	a - 037
	16 Authorizations		Au	thorized Agend	y Repres	ientative (i	ype or rimin	1 . 1 .		****** 12	1 V . UL	ersy Station
Į.	16 Authorizacons		Na	athaniel	E. KOU	7111011		Date			nmental K	·
	П.,	Coview	3	anature /		1/1/2			[] ·	4/2	6/96	_
1	L Dele	gated Review		u		DAMESTO TO	ATION HISE	ONLY	(C)			X
			FOR	DEPARTMEN	II OF A				7.7	TOKOU 3/-	-C68 M114	1922
					Phone	267-	0371	SAI Num	ber_W	1700 100		-]
	Reviewing Ana	lyst Pam Her	nning				Deny	Date Res	ceived	4-34	2-46	-
	Recommendati		/e 🗀	Approve Wi	th Condi	itions	-			5-5	-96	_
	1 1//	T. INI	IMMIA	0	Date	<u> 5-1-9</u>	<u> </u>	Date Du	θ			•
	Signature	milli A X	VIVINAL	J								

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 8, 1996

Joe Leean, Secretary
Department of Health and Social Services
PO Box 7850
Madison, WI 53707-7850

Minimum Data Set Automation Project, State Application Identifier Number WI960507-084-N00000XX

Dear Secretary Leean:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Department of Administration Form DOA-7020 (R S-88) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 5th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125

1 Applicant Agency	2 Agency t.D. (Optional)k.
Wisconsin Division of Health	CFDA # 93_ •
4 Address (Street/City/State/Zip)	5 Federal Agency to Receive Request
P.O. Box 309	Health Care Financing Administration
	6 Period of Funding Mo/Day/Year 7 Application Que Date 5/1/96 Mo/Day/Year
Contact Person	F/9/06
Phone	11/30/98
8 Agency Project Title	9 Executive Order 12372 Review Required 10 Area of Impact Counties/States
MDS 2.0. Automation Project	Yes A No Statewide
11 Type of Application 12 Type of Assistance	Clearinghouses: Notified Dates
New Grant Grant	$h \sim EOO^{\mp}$
Amendment to Current Grant Formula	
Continuation-Unchanged Discretionary	
Continuation-Modified Other	
13 Number of Years Previously Funded 0	Ali
14 Funding, Allotment and Position Data (including Federal indirect cos	
Total Federal Funds Applied For \$61,520	
Numeric	New Positions Existing Positions
Appropriation Source Revenue Type A	Amount No. (FTE) Type No. (FTE) Type
141 Federal PRF \$ 6	1,520
<u> S</u>	
S S	
S	
<u> </u>	
<u> </u>	
S	
15] Indirect Cost Reimbursement	
Yes Rate Base	Amount No
16 Authorizations Authorized Agency Repres	sentative (Type or Print) Title if other than Agency Secretary
Richard W. Lo	
Delegated Review	Oate
Vidan	Some 5.7-26
FOR DEPARTMENT OF A	DMINISTRATION USE ONLY
1 PA 10 makes and	
Reviewing Analyst 644 FC Phone	7-7980 SAI Number W_1960507-084
	tons Deny Date Received 5-7-76 000
Recommendation: Approve Approve With Condition	7 /= /9/
Signature / M/m a. / Lud. Date	3///8 Date Due 5-8-16 00
	//

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 9, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

Non-Regulatory Program, Graphic Logo and Identifier/Lawn and Garden Equipment, State Application Identifier Number WI960507-082-N00000YY

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely.

James R. Klauser

Sedretary

Department of Administration Form DOA-7020 (R 5-88) (Permerly FDA 50) Pederal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephons (608) 267-2125

Applicant Age Department of N	ncy Vamrai Resources				2 3 Agency L.D. (Optional)					
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921					5 Federal Agency to Receive Request U.S. Environmental Protection Agency					
Contact Person Ed Neison Phone 608/266-8910					Period of Funding Mo/Day/Year 2/21/96 6/30/96 Application Due Date Mo/Day/Year N/A					
Agency Project Title Non-regulatory Program, Graphic Logo and Identifier/Lawn and Garden Equipment.					9 Executive Order 12372 Review Required 10 Area of Impact Counties/States					
New Grant	Type of Application New Grant Ammendment to Current Grant Type of Assistance Grant Formula					Clearinghouses: Notified Dates Waukesha/SE WI				
Continuatio	Continuation-Unchanged Discretionary Continuation-Modified Other: Purchase Order							,		
	urs previously funded ment and Position D		ding Federa	al indirect costs)	5-1-96	M.				
Total Federal Fund Numeric	is Applied For \$2.5				New Position	15 :	Existing Positions			
Appropriation	propriation Source Revenue Type Amount Federal Program \$2,014 Revenue-Federal				No (ETE)	Tune N	n (PTP) Tons			
Appropriation 181	Federal	Program Revenu	n e-Federal	\$2,014	No. (FTE)		o. (FTE) Type LTE			
	.,	Progra	n e-Federal	\$2,014 \$ 486						
181	Federal	Program Revenu	n e-Federal	\$2,014 \$ 486 \$						
181	Federal	Program Revenu	n e-Federal	\$2,014 \$ 486 \$ \$						
181	Federal	Program Revenu	n e-Federal	\$2,014 \$ 486 \$ \$ \$						
181	Federal	Program Revenu	n e-Federal	\$2,014 \$ 486 \$ \$ \$ \$						
181 882	Federal Federal	Program Revenu	n e-Federal	\$2,014 \$ 486 \$ \$ \$						
181 882 15 Indirect Cost Ro	Federal	Program Revenu	n e-Federai t	\$2,014 \$ 486 \$ \$ \$ \$ \$	0 N/A		LTE			
181 882 15 Indirect Cost Ro	Federal Federal	Program Revenu Indirec	n e-Federal t	\$2,014 \$ 486 \$ \$ \$ \$ \$ \$	Amount \$ 486.00		LTE			
181 882 15 Indirect Cost Ro	Federal	Program Revenu Indirec	n e-Federal t	\$2,014 \$ 486 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$ 486.00	Title if other than A	LTE			
181 882 15 Indirect Cost Royers Yes 16 Authorizations Delegate	Federal	Prograi Revenu Indirec	Base \$2 Authorized	\$2,014 \$ 486 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$ 486.00 e (Type or Print)	Title if other than A Administrator, Ma Date	ILTE No gency Secretary anagement Services			
15 Indirect Cost Rolling Yes 16 Authorizations	Federal Federal eimbursement Rate 24,08%	Prograi Revenu Indirec	Base \$2 Authorized	\$2,014 \$ 486 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$ 486.00	Title if other than A Administrator, Ma Date	ILTE No gency Secretary anagement Services	082-W		
181 882 15 Indirect Cost Royers 16 Authorizations Delegan	Federal Federal eimbursement Rate 24,08%	Program Revenus Indirection Program Pr	Base \$2 Authorized Franc Fenr lignature of the DEPAR	\$2,014 \$ 486 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$ 486.00 e (Type or Print)	Title if other than A Administrator, Ma Date April 3	ILTE No gency Secretary anagement Services	080-W 000-Y		

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 9, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> National Pollutant Discharge Elimination System... (Wastewater Permitting Geographic Information System (GIS) Data Collection and Integration Project), State Application Identifier Number WI960507-079-N66463XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Form DOA-7020 Formerly FDA 5		Eli Pollut	iminat	ion System	Sen	" 101 P.O. Med	S. Webster Box 7868 ison, Wi Si	stations Office 5t., 6th Floor 3707-7868) 267-2125	
1 Applicant A	gency of Natural Resour			2 CFDA# 66,463		3 Ag	ency LD. (0 703	ptionali:	
Address (St	reet/City/State/Zip)			5 Federal Agency U.S. Environme	y to Receive Requ ntal Protection	aest Agency			
Contact Per Ed Boebei	rson	08/266-9252		Period of Funding Mo/Day/Year 7 Application Due Date 10-01-96 Mo/Day/Year 08-01-96 O8-01-96					
	ject Title rmitting Geographic integration Project	Information System (GISI Data	Brecutive Orde	r 123)2 Review	Required		(161/3(2105 (161/3(2105	
Type of App New Gr		Grant	of Assistance	Clearinghouses: 1	Notified Di	ites	Statewic	16	
Continu	sation-Unchanged	scretionary	ES						
	Years previously fun	Other	•	All					1
141		Describeding Ende	ent indicant contai						1
Total Federal Fu Numeric	unds Applied For <u>11</u>			New Po		No	Existing	Positions Type	
Total Federal Fu Numeric Appropriation	unds Applied For <u>\$1</u>		Amount \$139,247	New Po	ositions Type	No.	-		
Total Federal Fu Numeric Appropriation 241	Source Federal	65.000 Revenue Type	Amount				-	Type	
Total Federal Fu Numeric Appropriation 241 846	unds Applied For <u>\$1</u>	Revenue Type PR-F	Amount \$139,247				-	Type	
Total Federal Fu Numeric Appropriation 241 846	Source Federal Federal	Revenue Type PR-F PR-F	Amount \$139,247 \$25,753				-	Type	
Total Federal Fu Numeric Appropriation 241 846 201	Source Federal Federal State	Revenue Type PR-F PR-F GPR	Amount \$139,247 \$25,753 \$7,329				-	Type	
Total Federal Fu Numeric Appropriation 241 846 201	Source Federal Federal State	Revenue Type PR-F PR-F GPR	Amount \$139,247 \$25,753 \$7,329 \$1,355				-	Type	
Total Federal Fu Numeric Appropriation 241	Source Federal Federal State	Revenue Type PR-F PR-F GPR	Amount \$139,247 \$25,753 \$7,329 \$1,355 \$				-	Type	
Total Federal Fu Numeric Appropriation 241 846 201	Source Faderal Federal State State	Revenue Type PR-F PR-F GPR GPR Bess 3	Amount \$139,247 \$25,753 \$7,329 \$1,355 \$ \$	No. (FTE) Amount \$27	Typ●	2	. (FTB)	Type Perm	
Total Federal Fu Numeric Appropriation 241 846 201 801	Source Federal Federal State State State st Reimbursement Rate 24.089	Revenue Type PR-F PR-F GPR GPR GPR Authorized A	Amount \$139,247 \$25,753 \$7,329 \$1,355 \$ \$ \$	No. (FTE)	.108 Title if oth Adrginis	2 ner then A trator - N	gency Secr	Type Perm	
Total Federal Fu Numeric Appropriation 241 846 201 801	Source Federal Federal State State State st Reimbursement Rate 24.089	Revenue Type PR-F PR-F GPR GPR GPR Authorized A Franc M. F Signeture	Amount \$139,247 \$25,753 \$7,329 \$1,355 \$ \$ \$ \$	Amount \$27	.108 Title if oth Adrginis Date	2	gency Secr	Type Perm	
Total Federal Fu Numeric Appropriation 241 846 201 801	Source Federal Federal State	Revenue Type PR-F PR-F GPR GPR GPR Authorized A Franc M. F Signeture FOR DEPA	Amount \$139,247 \$25,753 \$7,329 \$1,355 \$ \$ \$ \$	Amount \$27	.108 Title if att Adminis Date USE ONLY	2 ner then A trator - N	gency Secr	Type Perm	79

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 9, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> National Pollutant Discharge Elimination System... (Partnership Coordination for Preventing and Removing Pollutants in Stormwater Discharges from Illicit Discharges in Green Bay Urban Area), State Application Identifier Number WI960507-081-N66463XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Department of A Form DOA-7020 Formerly FDA 56	(R 5-88)	Pol	1/40	ant	Disch	age	101 P.O. Madi Telep	rai-State Relations Office S. Webster St., 6th Floor Box 7868 son, WI 53707-7868 shone (608) 257-2125
Applicant Ac	Jency of Natural Resour	, –			2 CFDA# 66.463		3 Age	incy LD. (Optional)
A 1	reet/City/State/Zip) ter St.				5 Federal Agency U.S. Environmen	to Receive Reque Ital Protection /	n Agency	· · · · · · · · · · · · · · · · · · ·
Contact Per Ed Boebel	non	9252		Period of Funding Mo/Day/Year 7 Application Due Date Mo/Day/Year 06-01-96 O9-30-97 O6-01-96 O9-30-97 O6-01-96 O9-30-97 O6-01-96 O9-30-97 O9-30-97				
Agency Proj. Partnership Coo. Stormwater Disc	eat Title rdination for Preven charges From illicit	iting and F Discharge	lemoving Pr s in Green 8	ollutants in Say Urban Area	Shecutive profes	No.	equired	Area of impact Counties/States
Type of App			12 Type o	of Assistance	Clearinghouses: N	otified Date	••	Statewide
New Gr			Grant.			か シン 丁		
	ment to Current Gra	int		ormula	1	0 -		
	ation-Unchanged		Other	scretionary			0	
4 ai	ation-Modified		V Gier		6-1-01	All		
Number of	Years previously fur otment and Position				5-1-74	<u> </u>		
Numeric Appropriation			nue Type	Amount \$206,574	New Po	eitions Type	No 1	Existing Positions . (FTE) Type : Perm
241 846	Federal Federal	PR-F		\$11,426				
201	State	GPR		\$10,873				
801	State	GPR		\$601				
				\$				
				\$	1 :		1	
							 	
				\$				
15 Indirect Cos	st Reimbursement Rate <u>24.08</u>			\$ 49.947	Amount <u>\$12</u>	.027		□No
X Yes	Rate <u>24.08</u>	į	Authorized / Franc M. í	\$ 49.947 Agency Represent	Amount <u>\$12</u>	Title if othe Administr		No gency Secretary Management Services
Yes 16 Authorizatio	Rate <u>24.08</u>	;	Authorized / Franc M. (Signalure	49.947 Agency Represent	ative (Type or Print)	Title if othe Administr Date		gency Secretary Aanagement Services
Yes 16 Authorizatio	Rate 24.08	;	Authorized / Franc M. (Signalure	49.947 Agency Represent	DMINISTRATION	Title if othe Administr Date	136, C	gency Secretary Annagement Services 176 2960507-08
indirect Cos X Yes 16 Authorizatio	Rate 24.08	R.	Authorized / Franc M. I	49.947 Agency Represent	DMINISTRATION	Title if othe Administr Date Option SAI Numb	136, C	gency Secretary Management Services

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 9, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> National Pollutant Discharge Elimination System... (Red Cedar River Watershed Strategy Implementation), State Application Identifier Number WI960507-080-N66463XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

· // (a	Lional	2 Roll	utant	Dischar	101 P.O. Med	rei-State Relatione Office 3. Webster St., 6th Floor 80x 7868 ieon, WI 53707-7868 phone (608) 267-2125	
Applicant Agen	•			2 CFDA# 66,463	~ 31 Ag	ency LD: (Optional) 702	
	Vatural Resource	:33				102	
101 S. Webster				5 Federal Agency to F U.S. Environmental	leceive Request Protection Agency		
Madison, WI 5: Contact Person Ed Boebel	n	08/266-9252		6 Period of Funding Mo/Day/Year			
8 Agency Project Red Cedar River W	atershed Strategy			9 Executive Order 12:	372 Review Required	Area of Impact Counties/States	
Type of Applica	etion	12 Type	of Assistance			Statewide	
New Grant	•	Gran	nt	Clearinghouses: Notific	ed Dates		
	nt to Current Gren	. _		n	CIT		
			Formula	1	, ; u		
F-1	on-Unchanged		Discretionary		 [d -		
	on-Modified	Othe	er:				
Number of Yea	rs previously fund	led; O		15-1-96	AIF		
· - · - · · · · · · · · · · · · · · · ·		32.500					
Numeric Appropriation	Source	Revenue Type	Amount	New Position No. (FTE)	Type No	Existing Positions . (FTE) Type	
Numeric Appropriation	Source Federal		Amount \$203,234			-	
Numeric Appropriation 241		Revenue Type			Type No	. (FTE) Type	
Numeric Appropriation 241 846	Federal	Revenue Type	\$203,234		Type No	. (FTE) Type	
Numeric Appropriation 241 846 201	Federal Federal	Revenue Type PR-F	\$203,234 \$29,266		Type No	. (FTE) Type	
Numeric Appropriation 241 846 201	Federal Federal State	Revenue Type PR-F PR-F GPR	\$203,234 \$29,266 \$10,697		Type No	. (FTE) Type	
Numeric Appropriation 241 846 201	Federal Federal State	Revenue Type PR-F PR-F GPR	\$203,234 \$29,266 \$10,697 \$1,540		Type No	. (FTE) Type	
Numeric Appropriation 241 846 201	Federal Federal State State	Revenue Type PR-F PR-F GPR	\$203,234 \$29,266 \$10,697 \$1,540		Type No	. (FTE) Type	
Numeric Appropriation 241 846 201	Federal Federal State State	Revenue Type PR-F PR-F GPR	\$203,234 \$29,266 \$10,697 \$1,540 \$		Type No	. (FTE) Type	
Numeric Appropriation 241 846 201 801	Federal Federal State State	Revenue Type PR-F PR-F GPR GPR	\$203,234 \$29,266 \$10,697 \$1,540 \$ \$ \$	No. (FTE)	Type No	Perm Parm	
Numeric Appropriation 241 846 201 801	Federal Federal State State eimbursement	Revenue Type PR-F PR-F GPR GPR Authorized	\$203,234 \$29,266 \$10,697 \$1,540 \$ \$ \$	No. (FTE)	Type No. 2 Title if other than A Administrator - No.	Perm Perm No Rency Secretary Management Services	
Numeric Appropriation 241 846 201 801	Federal Federal State State State eimbursement Rate 24.08%	Revenue Type PR-F PR-F GPR GPR Authorized	\$203,234 \$29,266 \$10,697 \$1,540 \$ \$ \$ \$	No. (FTE)	Type No. 2 Title if other than A Administrator - No.	Perm Perm No Rency Secretary Management Services	
Numeric Appropriation 241 848 201 801 15 Indirect Cost Re Yee 16 Authorizations	Federal Federal State State State eimbursement Rate 24.08%	Revenue Type PR-F PR-F GPR GPR Authorized Franc M.	\$203,234 \$29,266 \$10,697 \$1,540 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	No. (FTE)	Title if other than A Administrator - No.	Perm Perm No Rency Secretary Management Services	
Numeric Appropriation 241 846 201 801 15 Indirect Cost Re Yes 16 Authorizations Delegat	Federal Federal State State State eimbursement Rate 24.08%	Revenue Type PR-F PR-F GPR GPR Authorized Franc M. Signeture	\$203,234 \$29,266 \$10,697 \$1,540 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$30,806 ative (Type or Print)	Title if other than A Administrator - No.	Perm Perm No gency Secretary Management Services 796	
Numeric Appropriation 241 846 201 801 15 Indirect Cost Re X Yee	Federal Federal State State State eimbursement Rate 24.08%	Revenue Type PR-F PR-F GPR GPR GPR Authorized Franc M. Signeture Signeture	\$203,234 \$29,266 \$10,697 \$1,540 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Amount \$30.806 ative (Type or Print) MUMULA DMINISTRATION: USE	Type No 2 Title if other than A Administrator - No 2 Date Awd 3a, 16	Perm Perm Parm No Rency Secretary Management Services	

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 9, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

(Recreational) Boating Safety Financial Assistance, State Application Identifier Number WI960507-083-N20005XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration Form OOA-7020 (R 5-88) Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 5th Floor P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/257-2125

						''' 				-
1 Applicant Agent				2	2.0		3 49	oncy t.D. (Optional)	
Departme	nt of Natura.	Resources			A#20			> W\$40.	LOT SERVE AND AND A	
4 Address (Street	•					Receive Reque			- D.C	
P.O. Box						ast Guard				_
Madison,	WI 53707	,		6 Perio		Mo/Day/Year	<u>7</u> Ap	plication		1
Contact Person						1-95		Mo/Day		
William	Engfer	Phone 608 - 26	6-0859		-	0-96		04/04,	/96	╛
8 Agency Project	Title			9 Exec	utive Order 12	372 Review Req	uired	10 Area		1
	\	File	m circl		—		[Coun	ties/States	
Recreation	onal Boating	Safety Fibe			Yes	X No		111 7		1
1 Type of Applicat		12 Type of Assistance	4551	Clearing	houses: Notif	ied Dates	1		ounties .	·] .
New Gran	t [Grant /			ho	4/			State	.
Amendme	int to Current Grant	Formula			100			OL WI	sconsin	
	ion-Unchanged	Discretionary		-		— <i>—F</i>	<u> </u>			.
	ion-Modified	Other					<u>-</u>			.
	Previously Funded_	13			AII	4				
4 Funding, Allotm	ent and Position Data	(including Federal indir	ect costs)	·						7
······································		776,094								
Total Federal Fu Numeric	inds Applied For		4			Positions		Existina	Positions	
Appropriation	Source	Revenue Type	Amo	ount	No. (FTE)		N	o. (FTE)	Type	╛
	Federal		\$ 72	1,470				2.0	Perm	-
12-381-30	State-Match		s1,55				7	1.0	Perm	1
12-373-30	State-Match	-	\$1,67	8.244					·	
12-301-30	State-matter						.			
12-550-55	State-Match		\$1,10	0,000			.			
13 603	Indirect		S 5	4,624				•		1
12-882	THATTOCK	-	-			-	·			
		_	3			- 	· —			
			\$							
			\$.			
		•								1
5 Indirect Cost Re	24 08	226,	842.		54,624	l .		□No		
	Rate	5ase		Amoun						4
6 Authorizations		Authorized Agency		ative (Typ	e or Print)	Title if other th	-	-	-	1
		Franc Fenne	ssy			Administ	atio	n-OPA		4
☐ Delega	ated Review	Signature .	ani.			Date April 3	2. 14	196		
							۱ ,نح			4
	F	OR DEPARTMENT	OF ADM	INISTRA	TION USE	ONLYV	··			┫
Reviewing Analy	st <u>Kirete</u>	m Orinda	thone (C	-19	73	SAI Number 🕹	WI	960E	307-0	83
Recommendation	Z Approve	Approve With 0	Condition:	s 🗆	Deny	Date Receive	2ـ ه	1719	16	2
recommendation				/ ^ /	ai		5	1211	96	0
Signature 4	uslen 4	Tructo o	Date _S	17/	70	Oate Due		155	<u> </u>	
COMMENTS:	/ _	•		-						
JUMMENIA:										

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 9, 1996

The Honorable James Doyle Attorney General Wisconsin Department of Justice 114 East, State Capitol PO Box 7857 Madison, WI 53702

> State Medicaid Fraud Control Unit, State Application Identifier Number W1960506-077-N93775XX

Dear Attorney General Doyle:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

am Pplanse

Sectetary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration DOA-7020(R12/92) Federal-State Relations Office 101 E. Wilson Street, 6th Floor P.O. Box 7868 Medison, WI 53707-7868

					\mathcal{A}		Telephone 60	34/267-2125	
1 Applicant Agen	юу			2		*	Agency LO.	Ordonali	
Departme	ent of Justic	æ)A #3				
4 Address (Stree	t/City/State/Zip)					Receive Reques			***
114 East	-State Capit	:ol		jummel .		of Health		Carrel	ı
Madison			:			Mo/Day/Year 7			_
Contact Person		(600)06+		[a]		01/96	Mo/Day		
Juan Col	.as	(608)264-	-6360			30/97	5-1-	21 /	
8 Agency Project	Atitle			9 Exec		372 Review Requi	—		
				a) exec	Guve Order 12	3/2 Heview Requi		of impact ities/States	
State Med	icald Fraud	Control Unit			Yes	⊠ No		ICAM CITTOR	ı
11 Type of Applica		12 Type of Assistance		-			State	of	
——————————————————————————————————————				Clearing	phouses: Notif	led Dates	Wisco		·
New Grar		Grant			MA	120		6 4 May - 4 may - 4	•
(T)	ent to Current Grant	Formula	İ	***************************************	700	<u> </u>	,		
1 —	tion-Unchanged	Discretionary				— -1-, 0-	-	-	
	tion-Modified	Other							1
	s Previously Funded				All				1
14 Funding, Allotm	ent and Position Date	t (including Federal indire	ect costs)						1
Total Federal Fu	unds Applied For								1
Numeric	• •				New i	Positions	Frieting	Positions	
Appropriation	Source	Revenue Type	Amo	ount	No. (FTE)	Туре	No. (FTE)	Type	<u>'</u>
141	Federal	PR-F	\$ 450,	.022			6.75	D	1 .
348	Federal	PR-F		.530°	l 	·	0./3	Perm.	
			<u>-</u>						
101	_State	_ GPR	\$ 150.	008			2.25	Perm	1
			S						
			•			•			1
		-	3			-			
-		_	<u>\$</u>						İ
			\$				٠.		1
			•						l
			<u> </u>						
15 Indirect Cost Rei								T	1
⊠ xyes	Rate <u>17.0%</u>	Base326.6	544	Amoun	55,530	<u> </u>	□ No		
16 Authorizations		Authorized Agency R	epresenta	tive (Typ	e or Print)	Title if other than	Agency Secre	iso	
		James E. Do	oyle		,	Attorney	General	van y	
☐ Delece	ated Review	Signature.		01		Date :			ļ
- ranada	trad Udalam	umes	5. L	. X/4	.	4/24	194	•	
		OR DEPARTMENT (EARL						
	miles	2//2 /	F	/ ^		UTILL			
Reviewing Analys	st JUSE	Hufth PI	none 🗢	(6/1-	<u>05'l0</u> ;	SAI Number <u>(U</u>	<u> 19605</u>	<u>06-0</u>	71-N
Recommendation	Approve	Approve With Co	_		Deny [Date Received	5-6-	76	92
Signature 20	while flag	// Da	ato <u>5-8</u>	- 46		Date Due	5-2	0-96	200
COMMENTS:	- 1								1.10
					•				シン

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 10, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> National Pollutant Discharge Elimination System... (Municipal Mercury Reduction Programs), State Application Identifier Number W1960507-078-N66463XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

Xomus Mluur

James R. Klauser

Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Applicant Age	mal for	llut	ant	- Dis	Mon Syst Charge CFDA# 66.463			ncy I.D. (0)	267-2125 ptional)
epartment of	Natural Resource	ces			TOTOR TOTOR				
Address (Stre	et/City/State/Zip)				5 Federal Agency to Receive Request U.S. Environmental Protection Agency				
adison, WI 53707-7921				6	May Day Name	7 Apr	lication Du	a Date	
					6 Period of Funding	10-01-96		/Day/Year	
Contact Pers Ed Boebei	on Phone 6	08/266-9	252		1	09-30-97	06	-01-96	
					9 Executive Order	12372 Review	Required	1	f Impact
Agency Proje	ct Title ry Reduction Progra	ATT) 8			N. On				ijes/States
			12 Type of	Assistance				Statewic	16
Type of Appl		ľ	iype oi Grant		Clearinghouses: No	tified D	tes		
New Gra		1	,—,		$ \mathcal{V} $	$a \mid C \downarrow$			
	nent to Current Gra	ent	L For	rmula		:			
Continu	ation-Unchanged	1		cretionary		:			
Continuation-Modified Other:					i .	<u> </u>		 	
						Alt		1	
Number of Y	ears previously fur	n Data (incl	uding Feder			All		Existing	Positions
Number of Y	ears previously fur otment and Position ands Applied For \$2	n Data (incl 215.000 Rever	uding Feder	ral indirect costs) Amount				Existing p. (FTE)	Positions Type Perm
Number of Y Hunding, Alk Total Federal Fu	ears previously fur otment and Position ands Applied For \$2	n Data (incl 215.000 Rever		Amount	New Pos	sitions	N. 2		Type
Number of Y Half-Funding, Alie Total Federal Funding Numeric Appropriation	ears previously fur otment and Position ands Applied For \$2	Rever		Amount \$188,762 \$26,238	New Pos	sitions			Type
Number of Y Half-Funding, Alik Total Federal Funding Numeric Appropriation 241	Years previously fur otment and Position ands Applied For \$2 Source Federal Federal State	Rever PR-F PR-F GPR		Amount \$188,762 \$26,238 \$9,935	New Pos	sitions			Type
Number of Y Half Funding, Alk Total Federal Fu Numeric Appropriation 241	rears previously fur otment and Position ands Applied For <u>\$2</u> Source Federal	Rever		Amount \$188,762 \$26,238 \$9,935 \$1,381	New Pos	sitions			Type
Number of Y Summer of Y Summer of Y Numeric Appropriation 241 846 201	Years previously fur otment and Position ands Applied For \$2 Source Federal Federal State	Rever PR-F PR-F GPR		Amount \$188,762 \$26,238 \$9,935 \$1,381	New Pos	sitions			Type
Number of Y Summer of Y Summer of Y Numeric Appropriation 241 846 201	Years previously fur otment and Position ands Applied For \$2 Source Federal Federal State	Rever PR-F PR-F GPR		Amount \$188,762 \$26,238 \$9,935 \$1,381	New Pos	sitions			Type
Number of Y 14 Funding, Alie Total Federal Fu Numeric Appropriation 241 846 201 801	Years previously fur otment and Position ands Applied For 32 Source Federal Federal State State State	Rever PR-F PR-F GPR GPR	nue Type	Amount \$188,762 \$26,238 \$9,935 \$1,381 \$\$\$\$\$\$\$\$\$\$\$\$\$\$	Naw Pos Na. (FTE)	sitions Type	2	o. (FTE)	Type Perm
Number of Y Id Funding, Alk Total Federal Fu Numeric Appropriation 241 846 201 801	rears previously fur otment and Position ands Applied For \$2 Source Federal Federal State State st Reimbursement Rate 24.08	Rever PR-F GPR GPR	Base 1	Amount \$188,762 \$26,238 \$9,935 \$1,381 \$\$\$\$\$\$\$\$\$\$\$\$\$	New Pos No. (FTE)	sitions Type	2	Agency See	Type Perm
Number of Y 14 Funding, Alie Total Federal Fu Numeric Appropriation 241 846 201 801 15 Indirect Cor	rears previously fur otment and Position ands Applied For 32 Source Federal Federal State State State st Reimbursement Rate 24,08	Rever PR-F PR-F GPR GPR	Base 3 Authorized /	Amount \$188,762 \$26,238 \$9,935 \$1,381 \$	Amount \$27.	519 Title if o	ther than strator.	Agency See	No pretary nent Services
Number of Y 14 Funding, Alie Total Federal Fu Numeric Appropriation 241 846 201 801 15 Indirect Cor	rears previously fur otment and Position ands Applied For \$2 Source Federal Federal State State st Reimbursement Rate 24.08	Rever PR-F PR-F GPR GPR	Base 3 Authorized /	Amount \$188,762 \$26,238 \$9,935 \$1,381 \$	Amount \$27.	519 Title if o	ther than strator.	Agency Sec	No pretary nent Services
Number of Y 14 Funding, Alie Total Federal Fu Numeric Appropriation 241 846 201 801 15 Indirect Cor	rears previously fur otment and Position ands Applied For \$2 Source Federal Federal State State State st Reimbursement Rate 24.08 ons	Rever PR-F PR-F GPR GPR	Base 3 Authorized /	Amount \$188,762 \$26,238 \$9,935 \$1,381 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Naw Pos Na. (FTE)	.619 Title if o Admini	ther than strator	Agency Sec	No pretary nent Services

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 23, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

> Coastal Wetlands Planning, Protection and Restoration Act (Glacial Habitat Restoration Area II), State Application Identifier Number WI960415-060-N15614YY

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration Form DOA-7020 (R 5-88) (Formerly FDA 50)	•			-614	Federal-State Rei 101 S. Webster St P.O. Box 7868 Madison, WI 5370 Telephone 608/28	., 6th Floor 17-7868	
1 Applicant Agency		2	1_5_		Agency LD. (Opti		
Wisconsin DNR			CFDA#		689	Section 197	
4 Address (Street/City/State/Zip)		5	Federal Agency to	Receive Request			
Box 7921				of Interio			
Madison WI 53707	•			Mo/Day/Year 7 L1/96	Mo/Day/Yes		
Tim Grunewald	Phone 608 - 264			11/98	4/5/96		
8 Agency Project Title		9		2372 Review Requi	red 10 Area of Im	pact	
Glacial Habitat Resto	ration Area I	I	Winds of the same	W.	Counties Winneba		c in l
11 Type of Application 1:	2 Type of Assistance	Cle	aringhouses: Noti	fied Dates	Fond du		-KI
X New Grant	Grant		han	In ait	Dodge	Lac /	
Amendment to Current Grant	Formula		1000	a wi	Columbi	3	
Continuation-Unchanged	X Discretionary) <u>coramor</u>	<u>~</u>	
Continuation-Modified	Other				<u> </u>		
13 Number of Years Previously FundedC	ne			1-11-96			
14 Funding, Allotment and Position Data (i	ncluding Federal indire	ect costs)					
Total Federal Funds Applied For \$70 Numeric Appropriation Source	Revenue Type	Amount	New No. (FTE)	Positions Type	Existing Po No. (FTE)	sitions Type	
	SEG-F	\$ 790,00	0	0	0	0	
182	GPR	\$ 1,392,			0 -	0	
					0 -	0	
USFWS		\$ 163,00		0	- 0 -	-6	
Private		\$ 244,00	0 0			<u> </u>	
		\$					
		\$					
		<u> </u>					
	<u> </u>	\$				<u></u>	
15 Indirect Cost Reimbursement Yes Rate 24.11%	Base0		nount0		□ No		
16 Authorizations	Authorized Agency F				in Agency Secretar	y	
	Franc Fennes	sy, Admi	nistrator		t Services		
Delegated Review	Signature N	\bigcirc		Anu 4.	199/		
"	Yaun 1	. Year					1.
R	R DEPARTMENT	of admini		E ONFA			ال
Reviewing Analyst Kinchen	orinde s	hone 6-	1913	SAI Number	1-1604/	5-060-1	N-Od
Recommendation: Approve	Approve With C	Conditions	Deny	Date Received	4-10-	96-1	90
Signature Thusty	smude o	Date $-7/1$	0/70	Date Due		··-	YY

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 23, 1996

Darrell Bazzell, Administrator Office of Planning and Analysis Department of Natural Resources 101 S. Webster Street, 5th Floor Madison, WI 53702

Anadromous and Great Lakes Fisheries Conservation (Transactional Voice Technology to Improve Wisconsin Lake Michigan Fisheries), State Application Identifier Number WI960410-051-N11405ZZ

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Sedretary

A copy of this letter must be transmitted to the federal granting agency with your application.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM Federal-State Relations Office 101 S. Webster St., 6th Floor Department of Administration P.O. Box 7868 Madison, WI 53707-7868 Form DOA-7020 (R 5-88) Telephone 608/267-2125 (Formerly FDA 50) 3 | Agency I.D. (Optional) CFDA # 11 · 405 1 | Applicant Agency Dept. of Natural Resources Federal Agency to Receive Request National Marine Fisheries Service 4 Address (Street/City/State/Zip) Period of Funding Mo/Day/Year 7 Application Due Date Box 7921 Madison, WI 53707 Date of Approval 5/1/96 Contact Person Sept. 30, 1997 Phone 608-266-589\$ 9 Executive Order 12372 Review Required | 10 | Area of Impact Thomas Niebauer Counties/States 8 Agency Project Title Transactional Voice Technology to Improve No X Yes Counties Wisconsin Lake Michigan Fisheries Clearinghouses: Notified bordering Lakes 12 Type of Assistance Type of Application Superior & Grant X New Grant Michigan Formula Amendment to Current Grant X Discretionary Continuation-Unchanged Other. All Continuation-Modified 13 Number of Years Previously Funded 14 Funding, Allotment and Position Data (including Federal indirect costs) Existing Positions Total Federal Funds Applied For \$5,000 **New Positions** No. (FTE) Type Type No. (FTE) Amount Revenue Type Numeric Source: Appropriation 4.940 PR-F Approx. 1 FTE Federal 181 940 State 161 120 Indirect 882 \$ (Based on a negotiated rate.) 15 Indirect Cost Reimbursement 24.08 Title if other than Agency Secretary Base -Authorized Agency Representative (Type or Print) Rate. X Yes Management Services 16 Authorizations Administrator Franc Fennessy. Neuch 28, 1996 Delegated Review ruus / n./ FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Approve With Conditions

Date Received

Date Due

Reviewing Analyst .

Recommendation:

COMMENTS:

Approve

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 23, 1996

Ted Tobie, Administrator Division of Administrative and Extended Services Educational Communications Board 3319 West Beltline Highway Madison, WI 53713-4296

> Public Telecommunications Facilities Program (Replacement of Television Master Control Equipment), State Application Identifier Number W1960409-048-N11550XX

Dear Mr. Tobie:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats., the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

James R. Klauser

Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration Form DOA-7020 (R 5-86) (Formerly FDA 50) Federal-State Relations Office 101 S. Webster St., 6th Floor P.O. Box 7868 Madison, Wi 55707-7868 Telephone 808/267-2128

Applicant Agency				2	<u># 11.</u>	5 5 0 🗃	A	
WI Educ	estional Comm	unications Boat	rd	CFDA	#		AND COMMENSATIONS OF STREET	
Address (Bluestiff	"N/State/2101			5 Feder	El Agency to It	oeive Request of Commerc	N.T.T.	
- 3319 We	est Beltline	Highway		Dep	artment C	- Commet C	Application Du	Date
Madison	n, WI 53713			6 Period	of Funding M	o/Day/Year 7	Mo/Day/Y	
Contact Person	•			ĺ	08-3		03-28-9	96
Ted Tol		Phone 264-96	0/			2 Review Require	A 10 Aces of the	mosci
Agency Project T	alle.			8 Execu	tive-Order 123/	S Heales Hedour	Countle	a/States
Replace	ement of tate.	vision Master			XYes /	A 10_		i
Contro	1 Equipment			1 1 -			Statew:	(de
1 Type of Application	on 12	Type of Assistance		Cleaning	nouses: Notifie	d Dates	- <u> </u>	
New Grant		Grant		1	~- //	led		
Amendmer	nt to Current Grant	Formula						
	on-Unchanged	X Discretionary		-		- W +		
	on-Modified	Other		ļ 	All			
2 Number of Years	Previously Funded	None						
4 Funding, Allotme	mt and Position Data (i	ncluding Federal indirec	t costs))				
	nds Applied For	421,020					=	l-citions
Numeric	LOS VADRIGO LOS		_		New P	ositions Type	Existing P No. (FTE)	Type
Appropriation	Source	Revenue Type		ount			0	0
142	Dept of Comm	PRF	\$ 42	1,020	0			
	Bldg Comm	Equipment	s 51	4,580	0	0	0	
100			\$ \$					
	<u>Match</u>	West with the second se						
		App.	<u> </u>				. — — — —	
			\$				ļ	
			2					
			<u>-</u>					
		.	3					
			<u> </u>					
6 Indirect Cost Re		Base		Armour	nt		X No	
U Yes	Rate	Authorized Agency				Title if other tha	ın Agency Secre	tary
8 Authorizations		Ted Tobis		(1)40001244 (1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Associat	e Director	
		1		······································		Date		
Delec	ated Review	Signature	_			April 8.	1996	
☐ Deleg	ated Review	In	•			April 8,	1996	
		Signature Cell III (1); IL II.	Jego		Carried S	April 8,	1996	15.4 - 16. 20 16.
		CALLED ATTENT		4-8	~~~	April 8,	1996 UIG/6C4	c9-048
		In	thone .		~~~	SAI Number L	UI96C4	09-048
Reviewing Analy	n Brian f	ghnke ,	hone .	4-8	~~~		UI96C4	09-049 16
	nt Brian F	CAPPROVE WITH C	hone .	4-8	a59	SAI Number L	UI96C4	09-049 16 96

TOMMY G. THOMPSON GOVERNOR JAMES R. KLAUSER SECRETARY



Mailing Address: Post Office Box 7864 Madison, WI 53707-7864

May 23, 1996

Raymond G. Boland, Secretary Department of Veteran Affairs PO Box 7843 Madison, WI 53707-7843

Grants to States for Construction of State Home Facilities (Wisconsin Veterans Home Assisted Living Project), State Application Identifier Number WI960410-055-N64005XX

Dear Secretary Boland:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to s. 16.54, Wis. Stats.. the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

A copy of this letter must be transmitted to the federal granting agency with your application.

Sincerely,

James R. Klauser

Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE Federal-State Relations Office 101 E. Wilson Street, 6th Floor DOA-7020(R12/92) P.O. Box 7868 Madison, WI 53707-7868 Telephone 608/267-2125 Applicant Agency Agency I.D. (Optional) Wisconsin Department of Veterans Affairs CFDA# 4 Address (Street/City/State/Zip) Federal Agency to Receive Requi 5 Veterans Affairs 30 W. Mifflin Street, 8th Floor MADISON WI 53703 Period of Funding Mo/Day/Year Application Due Date Contact Person Mo/Day/Year FY 97 Phone 608-264-6094 Doug Bingenheimer pre app 4/15/96 8 Agency Project Title 10 Area of Impact 9 Executive Order 12372 Review Required Wisconsin Veterans Home Counties/States Assisted Living Project Waupaca County 17 Type of Application 12 Type of Assistance Balance of WI New Grant Grant Formula Amendment to Current Grant □ Discretionary Continuation-Unchanged Continuation-Modified new Ali 13 Number of Years Previously Funded 14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For \$3,025,750 New Positions No. (FTE) Typ Numeric **Existing Positions** Appropriation Source Revenue Type Amount Type No (FTE) Type NEW Federal PR-F \$3,025,750 NEW State PR suported \$1,629,250 NEW State PR-OP 612,827 8 \$ \$ \$ 15 Indirect Cost Reimbursement X No ∐ Yes Rate. Base Amount 16 Authorizations Title if other than Agency Secretary Authorized Agency Representative (Type or Print) Deputy Secretary Signature Date Delegated Review ROBERT A. COCROFT 4/9/96 FOR DEPARTMENT OF ADMINISTRATION USE ONLY SAI Number WI960410 -055 Reviewing Analyst _ Date Received 410-96 Approve With Conditions

3 3 3 5 C